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PETITION	FOR EXTENSION OF TIME UNDER	Docket Number (Optional)		
	FY 2005	2056.023		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/603,006			F1	
For Cancerous disease modifying antibodies			Filed 06/23/2003	
Art Unit 1642				
			Examiner Peter J. Reddig	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
_		<u>Fee</u>	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	s
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	s
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	s
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	s
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1820 I have enclosed a duplicate conv of this speet				
WARNING: Information on this form may become public. Credit card information should not be included on this form				
Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
✓ attorney or agent of record. Registration Number 43.377				
attorney or agent under 37 CFR 1.34. Registratiog number if acting under 37 CFR 1.34				
Eins H. Cander 1/12/2007				
Signature Date				
Ferris H. Lander (561) 625-6575				
Typed or printed name			Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of forms are submitted.				

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